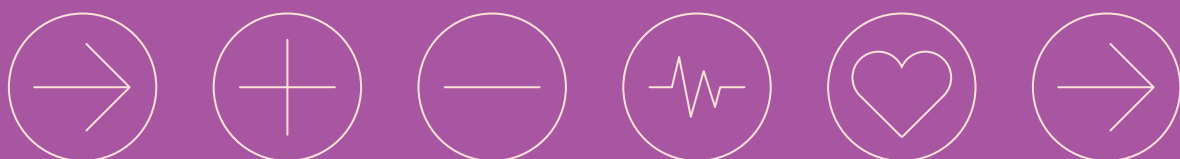

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE REPUBLIC OF NORTH MACEDONIA

ADDRESSING
THE EU
ENLARGEMENT
IN 2023





THE SIGRID RAUSING TRUST

HERA – Health Education and Research Association is the largest civil society organisation in the Republic of North Macedonia that operates in the field of sexual and reproductive health and rights (SRHR). We manage several outpatient clinics that provide the young people and the marginalised communities with healthcare and social services and we are the leading organisation that gives the youth comprehensive sexuality education (CSE). We seek to improve the political and legal framework on SRHR and gender equality and to make sure these services are available to all citizens covered by the state-run healthcare system. Since 2009, we have been a full member of the IPPF, a global advocate for the promotion of SRHR.

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INTRODUCTION

This Report addresses the developments in the last reporting year (2023), as part of the relevant chapters of the EU acquis. The Report aims to emphasise the existing barrier to SRHR and gender equality and to make recommendations for an improved delivering of SRHR as a special set of fundamental rights, but also as a precondition for gender equality. In addition to identifying the key developments and challenges on the road to SRHR and to gender equality, this Report also points out the failures in the implementation of the legislation and the policies so as to protect and improve the SRHR of all people in the Republic of North Macedonia.

The realisation of SRHR is crucial for achieving gender equality, as is stipulated in the EU Gender Action Plan (GAP) III. SRHR promotion is considered one of the major pillars that will increase the EU contribution to achieving the SDG 5, and will ensure that SRHR takes the central position in the right of women and girls to self-determination. Therefore, the efforts to achieve gender equality must include equal access to the basic quality SRHR services in the Republic of North Macedonia, including contraception, HIV, abortion care, sexual and gender-based violence (GBV), as well as evidence-based, gender-transformative and non-judgemental CSE.

EU accession continues to be the key objective of the Republic of North Macedonia and an opportunity to bring about significant changes. The European Commission published its draft Screening Report on Cluster 1 “Fundamentals”. The general assessment is that the country is “moderately” prepared for EU membership concerning the legislation and its implementation in practice, in compliance with the EU standards. This addressing of the 2023 enlargement makes an overview of the changes that need to be made so as to ensure the realisation of the SRHR, particularly for women, young people and the marginalised communities susceptible to HIV, and we hope that many of these will find their place in the Enlargement Report so as to ensure continuous and on-going progress in promoting the SRHR in the country.

BRIEF OVERVIEW OF THE KEY DEVELOPMENTS IN 2023

The [anti-gender movement](#) in the country in the last year only grew in its intensity, with organisations and activists working on gender equality promotion continuing to be constantly targeted with hate speech on the social media. This all continues to remain unsanctioned by the state. The focus of the anti-gender movement is placed on sexuality education and gender identity, where they daily **disseminate false news and disinformation and succeed in having an adverse impact on the successful processes of gender equality promotion**. It is concerning that this year this movement received the support from five religious communities in the country – the Macedonian Orthodox Church – Ohrid Archbishopric, the Islamic Religious Community, the Catholic Church, the Evangelical Methodist Church and the Jewish Community, in their actions aimed against the new reformed proposal for the Law on Gender Equality.

The economic crisis in the country deepened further with the ensuing inflation, which only increased the **financial burden on the CSOs that provide HIV and SRH services** to marginalised communities. The budget for HIV prevention activities envisaged in the Government's HIV Programme, implemented by the CSOs that provide health services, in 2022 and 2023 was decreased for almost 62%, thus affecting more than 10,000 people from the marginalised groups, who have been covered with basic and free services in the last 15 years. The decision to cut the state budget allocations to HIV prevention was taken in a non-transparent way, without consulting the CSOs and without producing evidence-based facts. Moreover, the 4-month funding gaps in 2023, due to late publishing of the call for implementation of the Programme for Protection of the Population against HIV Infection left the CSOs with serious financial challenges to sustain their service facilities in the country. If the Government's funding of the civil society organisations for HIV prevention continues to reduce, the country may face a new HIV epidemic.

Over the last 3 years, the state budget for **free contraceptives** for women was also continuously reduced. In 2023, **the budget was increased** from 100,000 MKD to [500,000 MKD](#) for the socially excluded women and for women with repeat abortions; however, due to the inadequate distribution, these funds are available only to the University Clinic for Gynaecology and Obstetrics in the capital city, making them inaccessible to women from rural areas and affecting their right to family planning. Despite the political commitments of the Government to integrate the modern contraceptives in the state-run health insurance, women are still required to pay the full price of all contraceptive methods, which poses financial burden on their lives, particularly among the unemployed women and the Roma women.

[CHAPTER 23]

JUDICIARY AND FUNDAMENTAL RIGHTS

Hate speech and sexuality

In its Screening Report on the country for Cluster 1 “Fundamentals” in light of the EU enlargement, the European Commission makes the assessment that “[o]nline media is not governed by a specific law, and there are differing views on the need for regulation, especially in view of the growing threats from disinformation”, and that “[t]he country needs to align its legislation with the EU acquis, in view of the growing threats from disinformation, especially stemming from online media and social media. Campaigns are needed to boost the understanding of both stakeholders and the general public and to increase their resilience in the face of disinformation..” After making a note of the poor implementation of the legal framework on discrimination and on hate crime on the grounds of sexual orientation and gender identity, the Report specifies that “[t]he promotion of equality and the condemnation of hate speech, hate crime, discrimination and intolerance needs to be strengthened”.

“The capacity of law enforcement and criminal justice officials to effectively prevent and prosecute all instances of violence, hate crimes and hate speech needs to be enhanced. Additional staff and training to enhance understanding by enforcement officials and legal experts of hate speech and hate crime are needed.”

Last year we reported that one of the [managers of our outpatient clinics](#) was verbally attacked inside the clinic’s premises, and HERA’s [Director](#) was targeted by online harassment on his personal mobile telephone. Both these cases are still under investigation, without any results as of yet.

The anti-gender organisations joined under the so-called [“Coalition for the Protection of Children”](#), comprising a total of 32 organisations and political parties, which dispute the right to sexuality education, abortion care and reproductive freedoms, continue to monger fear and panic, thereby jeopardising the democratic processes, health rights, education and so forth. By challenging the existence of the category “gender identity”, this movement has already caused regression in the following processes: poor implementation of the new [Concept Note on Primary Education](#), adverse labelling of the introduction of the elective subject

Comprehensive Sexuality Education, and braking the process of adoption of the already developed Strategy for Introducing the Comprehensive Sexuality Education in the Formal Education System, delaying the adoption of the new Proposed Law on Secondary Education, withdrawing the Proposed Law on Civil Registry from the Agenda of the Assembly, and seriously attacking and stopping the process of adopting the Proposed Law on Gender Equality.

It is deeply concerning that this anti-gender movement has received the support from 5 religious communities which sided together against the [Draft Law on Gender Equality](#) and the Law on Civil Registry at the [protest](#) organised by the Macedonian Orthodox Church. The protest was preceded by a [panel discussion](#) organised on a local level, where a MPC bishop conspired against the adoption of the Law on Gender Equality and against introducing the comprehensive sexuality education by spreading lies and disinformation about the work of the civil society organisations and certain activists. These actions of the Church are anti-constitutional as they constitute meddling of the religion in the law-making process. Actions like this are an attack against the constitutional order, under which North Macedonia is a secular country, meaning that MPC, or any other religious organisation for that matter, should not get involved in the shaping of laws and policies that do not concern the work of religious communities.

Acting on the applications submitted by the Coalition “Margins” and the Queer Centre, the Commission for Prevention and Protection against Discrimination found that the bishop [has committed discrimination](#) on the grounds of sexual orientation and gender identity in the area of public information and the media. However, no apologies followed; on the contrary, and even greater hate speech.

Finally, these actions of the anti-gender movement have strongly reflected on the local level, with [some of the local self-government units rejecting the use of the term “gender equality”](#) from numerous documents and replacing it with the term “equality between men and women”.

Recommendations:

- For governmental bodies, to take more systemic and more adequate actions for combating and punishing hate speech and hate crimes, both offline and online;
 - To implement national media campaigns aimed at the general public to better understand the issues related to sexuality education and sexual and gender diversity;
 - To finalise and adopt the new Law on Gender Equality which will improve the gender machinery on national and local levels and consistently implement the Gender Equality Strategy 2022–2027 and the National Action Plan for Gender Equality 2022–2024.
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Access to Services for Sexual and Reproductive Health – Gender Equality

The use of contraceptives in the country was 14% in 2020, with 10% of these accounted for the use of condoms. More than 35% of the young people are still relying on the withdrawal as a traditional method for preventing the unintended pregnancy. On the other hand, as many as 36% of boys and 3% of girls aged 15 have already had sexual experience. Protection during sexual intercourse is used by only 20% of girls and 62% of boys among the Albanian population, and 64% of boys and 52% of girls among the Macedonian population. In young couples under 29 years of age, only 12.8% use modern contraceptives. As a consequence, teenage pregnancy rate in our country is almost three times higher than the European Union average.

Even though this year the state finally ensured an access to verified information about contraceptives through the bilingual website <https://kontracepcija.mk> that was developed by the Public Health Institute and CSO HERA, state policies and the state budget allocated to contraceptives remain insignificant. This was confirmed in the [European Contraception Policy Atlas](#), according to which our country scored only 46.9% and was ranked among the light-red countries.

The [Government's Programme 2022–2024](#) reaffirmed the political will of 2017 to introduce the modern contraceptives at the expense of the Health Insurance Fund and to promote the women's reproductive health and rights; however, no progress has been made as of yet. None of the few modern contraceptive methods available

in our country can be found on the Positive List of Medicines. Another important fact is that in the last 13 years, only two new drugs have been added to the Positive List. This year, 3 years after the adoption of the reformed law, the Rulebook for the Positive list has been adopted and a new Committee has been established, which is a positive progress in this field.

Over the recent years, the budget allocated to contraceptives for women was cut significantly, in continuity. In 2023, the budget was amended and the funds increased from 100,000 MKD to 500,000 MKD for the socially excluded women and for women with repeat abortions; however, due to the inadequate distribution, these funds are available only to the University Clinic for Gynaecology and Obstetrics in the capital city, making them inaccessible to women from rural areas and affecting their right to family planning.

At a national conference, the Deputy Minister of Health stated that “[w]e continuously work on improving the access to gynaecological health care. It our commitment to recognise the competences of the general practitioners – family medicine specialists, which also include sexual and reproductive health care, such as services related to family planning, contraceptives and sexually transmitted infections”.

Abortion requested by a woman on account of social and economic reasons is not covered by the state health insurance system. High costs jeopardise the access to safe abortion and cases have been recorded of illegal abortions performed in the medical offices of the general gynaecologists. In the course of 2022 and 2023, MAGO (the Macedonian Association of Gynaecologists and Obstetricians) and HERA trained a total of 100 gynaecologists in the country on the application of medical abortion.

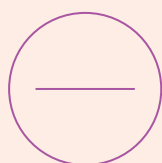
Although the budget allocated to medical abortion in 2023 was increased from 500,000 MKD to 1,500,000 MKD compared to 2022, when an opportunity was given for this budget to be used by other hospitals as well, and not only by a single hospital located in the capital city, as was the case before, due to administrative barriers and the complex procurement procedures, these funds were again given to the same hospital as earlier. The aim was to later distribute these funds to smaller interested hospitals; however, the tender procedure was completed in September, and the medical abortion can still be performed only at the University Clinic for Gynaecology and Obstetrics in the capital city, making it particularly inaccessible to women living in rural areas. The staff of the relevant institutions are often driven by their own conviction and are biased when considering the applications for termination of pregnancy.

Moreover, the access to this health service is made even harder since these medicines are not registered in the country, so the University Clinic in the capital city may procure them only through intervention import. This process can take significant time as it has

to be executed in compliance with the public procurement plan which involves many an administrative procedure. This, on its part, brings into question the availability of medical abortion, which can only be performed in the 12th week of pregnancy.

Recommendations:

- To increase the state budget for free contraceptives for the socially excluded women and poor women;
 - To make sure the free contraceptives and medical abortion become available in all regions outside the capital city, particularly to the Roma women and the women living in rural areas;
 - To urgently register the medicines for medical abortion in the country;
 - For the Government, to introduce the modern contraceptives, particularly oral pills and IUDs, at the expense of the Health Insurance Fund and insure that at least one modern contraceptive is included in the Positive list of medications.
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Sexual and Gender-based Violence (SGBV)

In its Screening Report on the country for Cluster 1 “Fundamentals” in light of the EU enlargement, the European Commission makes the assessment that “[s]ervices for victims of gender-based violence are insufficient both in quantity and in budget, not meeting Istanbul Convention standards; moreover, access for women with disabilities is limited”. “The provision of psychosocial and other prevention services remains uncoordinated and dependent on financing from local self-government, foreign donors and the business community.”

In 2020, an 18% [growth](#) was recorded in domestic violence cases compared to 2019. The geographical coverage with SGBV services continues to pose a challenge, as majority of providers of these services, including the shelters, are located in larger towns and are out of the reach of women living in remote areas. Most of the service providers are understaffed and, in general, are lacking continuous specialised training for the professionals. Only [9%](#) of the total funds secured by the CSOs for SGBV service provision comes from the Government.

Despite all indications, the state budget for services for SGBV victims continues to remain at a concerning low level. In 2023, [HERA's Counselling Center](#), which has been funded by the City of Skopje since 2014, was faced with a 30% budget cut, which further affected the insufficient coverage of clients. Moreover, all counselling services for SGBV victims established by the CSOs outside of Skopje are still dependent on international funding.

Although the [Law on Social Protection](#) allows the CSOs to license their service programmes and ensure state funding, including for SGBV, the current [bylaw](#) imposes significant administrative barriers. Namely, only those CSOs which have employed two staff members of the psychosocial profession may qualify for obtaining the state licence. However, since they are not financially sustainable, most of the CSOs hire the necessary professionals on fixed-term contracts. Up to July 2023, not a single CSO was [registered](#) by the Ministry of Labour and Social Policy as a SGBV service provider. The Government's [Rulebook on the Pricing of Social Services](#) 2023 is inadequate to ensure the minimum operation of a GBV counselling facility, if founded by a CSO. Pursuant to this bylaw, one psychosocial counselling session for a GBV victim is covered by the state with 307 MKD, which accounts for merely 30% of the market price to cover psychosocial counselling and does not calculate other cost such as human resources – full time professional employment and operational costs for the service. Set in this way, the state budget's

framework is insufficient to cover the basic costs of operating a high-quality SGBV counselling services.

Despite the adoption of the new legal framework, the practice showed that the staff of the responsible institutions are insufficiently familiarised with it. We learned from the clients who visit our centres for confidential services that they frequently encounter lack of interest by these institutions when they seek to report a case of domestic violence, and also lack of elementary knowledge of the legislation, and so, cases have been recorded when the victims were requested to pay for their medical check-ups which were required to report the case, even though such examinations are completely free of charge under the Law. Moreover, institutions continue to fail to recognise the gender-based violence, and so, the increasingly more frequent cases of femicide, as the gravest form of gender-based violence, continue to be qualified as murder in a cruel manner.

“Go back home and don’t come here again... Do you know who you are reporting? You know your report will magically disappear? It’s best you keep silent and make up with him. Your anger will abate, you’ll forget about it.” – [a piece of advice given by a police officer to a domestic violence victim](#) when she was reporting the case.

Recommendations:

- To revise the Government’s Bylaw on the Pricing of Counselling Services for the Survivors and Perpetrators of GBV so as to encourage the CSOs to register as national service providers and to deliver high-quality services;
 - For the Ministry of Labour and Social Policy, to eliminate all the difficult administrative barriers to licensing the CSOs as SGBV service providers and to align the criteria with the context and the needs of the CSOs;
 - To significantly increase the domestic budget for the specialised GBV service facilities operated by CSOs / women’s organisations so as to ensure their financial sustainability and meet the Istanbul Convention standards.
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[CHAPTER 26]

EDUCATION AND CULTURE

Comprehensive Sexuality Education (CSE)

[The adolescent birth rate](#) in the Republic of North Macedonia is three times higher than that of the EU countries, with only 14% of young people using any of the [contraceptive methods](#) (the lowest rate in the European region). CSE is still not part of the formal education, although [it was successfully piloted in 2021](#) in a number of primary schools and the teaching material for this purpose was developed. There is also a new [Concept Note on Primary Education](#), with which Sexuality Education was introduced as an elective subject in the 9th grade. The data from the [implemented evaluation of the pilot programme](#) have revealed that the programme has significantly improved the pupils' knowledge about CSE topics and contents and that pupils have adopted a significantly more positive attitudes towards CSE components. The public sector lacks a strategic framework for introducing the CSE in the education system on the long run, and the teachers are not sufficiently competent to deliver the curricula.

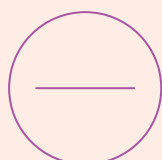
In line with this, the state Education Development Bureau developed in 2022 a Draft National Strategy on CSE in Primary Schools 2023-2030; however, one year later, it is not yet adopted by the Government. The document was developed by experts in the area of education and education programme development, representatives from UN agencies in the country, CSOs, university professors, psychologists and teachers involved in the piloting.

Moreover, a New Youth Strategy 2023-2027 has been adopted, and in the thematic area of Education, it is stated "Introduction of comprehensive sexual education as an optional subject in primary education".

[The anti-gender organisations](#) continue to spread false news and disinformation about sexuality education and gender identity on a daily basis, thereby creating a high level of xenophobia, racism, homophobia and transphobia in the public space, and jeopardising the already commenced processes for introducing sexuality education in primary schools.

Recommendations:

- To adopt the National Strategy on CSE in Primary Schools 2023–2030;
- To build the competences of teachers to deliver CSE in the public sector;
- To conduct media campaigns, primarily aimed at parents, so that the general public can better understand the health, emotional and social benefits for the children receiving CSE in schools.



[CHAPTER 28]

CONSUMER AND HEALTH PROTECTION

HIV/AIDS

In the latest Enragement report, EU noted that *“the overall budget for HIV/AIDS prevention was cut by 40%, threatening the treatment of people living with HIV/AIDS and HIV/AIDS prevention efforts”*, that the *“main beneficiaries of these funds are non-governmental organisations that work directly with risk groups”* and that the *“new strategy to combat HIV is yet not adopted”*.

The Republic of North Macedonia is facing an active HIV epidemic, which is concentrated in the population of men who have sex with men (MCM) – estimated prevalence 5.4%. The [analyses of HIV care continuum](#) based on the methodology recommended by the European Centre for Disease Prevention and Control indicate that the number of people living with HIV that are aware of their HIV infection stands at merely 65% (90% global target by 2020), and has remained practically unchanged in the period between 2017 and 2021. The key priority for the national HIV response remains [HIV testing](#) – to diagnose the people infected with the virus as early as possible, so as to sooner connect them with the appropriate healthcare and HIV treatment.

For nearly 20 years now, CSOs have been equal partners to the Government in HIV prevention among the marginalised communities, thus helping to sustain the low prevalence in the country. However, in 2022 the budget of Ministry of Health for CSOs for HIV prevention services was decreased for almost 40% (from 44.220 mil. den to 27.540 mil. den) and in 2023 the budget for prevention was additionally decreased to 16.900 mil den. in order to allocate budget for HIV treatment. Thus, the budget HIV prevention services, including SRH care for most vulnerable groups was cut for total of 62% in comparison with 2021, causing serious harm in national HIV response, affecting more than 10.000 clients using CSOs services in past 15 years. As a result, in 2023 the mobile HIV testing clinics were closed,

Mobile gynaecological services among women from rural areas were stopped, and all CSOs throughout the country significantly reduced the coverage of HIV basic services.

The Ministry of Health published a [call](#) worth 16.9 million MKD by the end of March 2023 and signed the contracts for service delivery with CSOs in May 2023, so CSOs that provide services in this areas had no budget made available to them in the course of the first 4 months of 2023. This was a significant blow to the CSOs and reduced the coverage of the vulnerable groups with HIV testing, distributed condoms, clean needles and examinations. Budget cuts and the late call jeopardised the survival of these service facilities in the country, as well as the already established infrastructure for public health protection in relation to HIV, drug injection, viral hepatitis and sexually transmitted infections in the affected groups of the population. In this way, several thousand people outside the healthcare system were left without any access to basic services that have been provided for many years now by the civil society sector through the National HIV Programme.

The last National HIV Strategy expired in 2018. In August 2023 the working group established by Ministry of health in 2020 in consultative process has developed the draft of the new HIV strategy (2023-2028). The [Draft Law on Health Protection](#), which recognises the CSOs as legal providers of HIV services in the public health-care system, entered the parliamentary procedure by the end of 2021, but was returned to the Government for revision, and has remained blocked ever since then. As a consequence, there is still no legal framework for the CSOs to provide HIV services, and thus ensure their financial sustainability, even though its adoption was provided for in the [Action Plan for the National Strategy for Cooperation with CSOs](#).

Recommendations:

- To significantly increase the domestic funding for CSOs that provide HIV prevention services to the marginalised communities, according available data to invest in evidence based prevention interventions to ensure the control of HIV epidemic;
- For the Government, to adopt the developed National HIV Strategy (2023-2028);
- For the Assembly, to adopt the Law on Health Protection which will provide the legal framework for civil society organisations to be service providers and will ensure a better state funding of HIV prevention and care.

